

2145
CJW
**TRANSMITTAL
FORM**

(This form is required for all correspondence after initial filing)

Total Number of Pages in This Submission **3**

| | |
|------------------------|-----------------------|
| Application Number | 09/904,130 |
| Filing Date | July 11, 2001 |
| First Named Inventor | Watanuki, Tatsuya |
| Art Unit | 2145 |
| Examiner Name | Jeffrey R. Swearingen |
| Attorney Docket Number | 16869P-026700US |

ENCLOSURES (Check all that apply)

| | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| <input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------------------|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature | | | |
| Printed name | George B. F. Yee | | |
| Date | April 26, 2005 | Reg. No. | 37,478 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

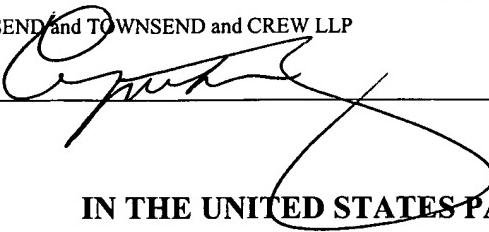
| | | | |
|-----------------------|------------------|------|----------------|
| Signature | | | |
| Typed or printed name | Cynthia McKinley | Date | April 26, 2005 |

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On 4/26

TOWNSEND and TOWNSEND and CREW LLP

By: 



PATENT

Attorney Docket No.: 16869P-026700US
Client Ref. No.: 340000206US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Tatsuya Watanuki, et al.

Application No.: 09/904,130

Filed: July 11, 2001

For: CIRCUIT MULTIPLEXING
METHOD AND INFORMATION
RELAYING APPARATUS

Customer No.: 20350

Confirmation No. 2398

Examiner: Jeffrey R. Swearingen

Technology Center/Art Unit: 2145

SUPPLEMENTAL RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Further to a response mailed April 19, 2005 in response to the Office Action mailed January 12, 2005, please enter the following remarks:

Remarks/Arguments begin on page 2 of this paper.